

**YALE-NEW HAVEN HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>YNH NETWORK CORPORATION</b>
		YNH NETWORK CORP. IS THE PARENT CORPORATION TO YALE-NEW HAVEN HOSP., YALE-NEW HAVEN AMBULATORY SERVICES CORP., YORK ENTERPRISES, INC., COMMUNITY HEALTH CARE PHYSICIANS (CHCP), AND QUINNIPIAC MEDICAL PC.
1	Affiliate Description	
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue, New Haven, Connecticut
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Marvin K. Lender
9	CEO Title	Director
10	CT Agent Name	William J. Aseltyne
11	CT Agent Company	Yale-New Haven Health Services Corporation
12	CT Agent Company Street Address	789 Howard Ave, CB 230, Legal and Risk Services Dept
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06519 -
<b>B. AFFILIATE NAME</b>		
		<b>CARITAS INSURANCE COMPANY LTD.</b>
1	Affiliate Description	Caritas provides excess professional and general liability insurance.
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	30 Main Street, Suite 330
5	Town	Burlington
6	State	Vermont
7	Zip Code	05401 -
8	CEO Name	Christopher M. O'Connor
9	CEO Title	President
10	CT Agent Name	Robert Gagliardi, CPA
11	CT Agent Company	
12	CT Agent Company Street Address	30 Main Street, Suite 330
13	CT Agent Town	Burlington
14	CT Agent State	Vermont
15	CT Agent Zip Code	05401 -
<b>C. AFFILIATE NAME</b>		
		<b>CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>
		CENTURY OPERATES AN AGENCY SPECIALIZING IN HEALTHCARE PATIENT RECEIVABLE COLLECTIONS IN WHICH YORK ENTERPRISES OWNS A 47.6% INTEREST.
1	Affiliate Description	
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	23 Maiden Lane
5	Town	North Haven
6	State	Connecticut
7	Zip Code	06473 -
8	CEO Name	Eugene Colucci
9	CEO Title	CFO
10	CT Agent Name	Steven Markesich
11	CT Agent Company	Century Financial Services
12	CT Agent Company Street Address	23 Maiden Lane
13	CT Agent Town	North Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06473 -
<b>D. AFFILIATE NAME</b>		
		<b>COMMUNITY HEALTH CARE PHYSICIANS (CHCP)</b>

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LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	A CONNECTICUT STOCK, FOR-PROFIT, PROFESSIONAL CORPORATION FORMED IN 1996. ALL STOCK OF CHCP IS OWNED BY THE CHIEF OF STAFF OF YALE-NEW HAVEN HOSPITAL. ORGANIZATION HOLDS LEASE AT A FACILITY IN NEW HAVEN.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Peter N. Herbert, M.D.
9	CEO Title	President
10	CT Agent Name	William J Aseltyne
11	CT Agent Company	Yale New Health Services Corporation
12	CT Agent Company Street Address	789 Howard Avenue, CB230, Legal & Risk Services Dept
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06519 -
<b>E. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>LUKAN INDEMNITY COMPANY LTD.</b>
1	Affiliate Description	Lukan provides malpractice liability insurance.
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	c/o Quest Mgmt Services, 40 Church St, PO Box HM2062
5	Town	Hamilton HMX
6	State	Bermuda
7	Zip Code	-
8	CEO Name	Christopher M. O'Connor
9	CEO Title	President
10	CT Agent Name	Nick Frost
11	CT Agent Company	Quest Management Services, Ltd
12	CT Agent Company Street Address	10 Church Street
13	CT Agent Town	Hamilton HMX
14	CT Agent State	Bermuda
15	CT Agent Zip Code	-
<b>F. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.</b>
1	Affiliate Description	MEDICAL CENTER PHARMACY IS A WHOLLY OWNED SUBSIDIARY OF YORK ENTERPRISES, INC. IT OPERATES A RETAIL PHARMACY WITH MULTIPLE LOCATIONS. CURRENTLY INACTIVE IN PROVIDING HOME IV INFUSION SERVICES.
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	50 York Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Vincent Tamarro
9	CEO Title	President
10	CT Agent Name	William J Aseltyne
11	CT Agent Company	Yale New Haven Hospital
12	CT Agent Company Street Address	20 York Street, CB-230
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06505 -
<b>G. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>MEDICAL CENTER REALTY, INC.</b>

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LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	MEDICAL CENTER REALTY, INC. IS A WHOLLY OWNED SUBSIDIARY OF YORK ENTERPRISES, INC.
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	50 York Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Vincent Tammaro
9	CEO Title	President
10	CT Agent Name	William J Aseltyne
11	CT Agent Company	Yale-New Haven Health Services Corporation
12	CT Agent Company Street Address	789 Howard Ave, CB230, Legal & Risk Services Dept
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06519 -
<b>H. AFFILIATE NAME</b>		
<b>NORTHEAST MEDICAL GROUP, INC.</b>		
1	Affiliate Description	Physician related services, such as patient care, medical education, and research and administration to YNHH, BH, GH and the community.
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	226 Mill Hill Avenue
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	Peter Herbert
9	CEO Title	Chairman of the Board
10	CT Agent Name	Karen Daley
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
<b>I. AFFILIATE NAME</b>		
<b>NORTHEAST PEDIATRIC SPECIALISTS, INC.</b>		
1	Affiliate Description	Affiliation between Y-NHH and Connecticut Childrens Hospital for Pediatric Specialty services.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	c/o Ct Children's Medical Cent, 282 Washington Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Cynthia Sparer
9	CEO Title	President
10	CT Agent Name	R&C Service Company
11	CT Agent Company	
12	CT Agent Company Street Address	280 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3597
<b>J. AFFILIATE NAME</b>		
<b>QUINNIPIAC MEDICAL P.C. (QMPC)</b>		
1	Affiliate Description	A CONNECTICUT STOCK, FOR-PROFIT, PROFESSIONAL CORPORATION FORMED IN 1994 AND EMPLOYS PRIMARY CARE HOSPITALIST PHYSICIANS. ALL STOCK IS OWNED BY THE CHIEF OF STAFF OF YALE-NEW HAVEN
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit

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LINE	DESCRIPTION	AFFILIATE INFORMATION
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Peter Herbert, M.D.
9	CEO Title	President
10	CT Agent Name	Merton G. Gollaher, Jr.
11	CT Agent Company	Wiggin & Dana LLP
12	CT Agent Company Street Address	1 Century Tower, 195 Church St
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 -
<b>K.</b>	<b>AFFILIATE NAME</b>	<b>SHORELINE SURGERY CENTER, LLC</b>
1	Affiliate Description	SHORELINE SURGERY CENTER LLC IS A LIMITED LIABILITY COMPANY AND IS A PARTNERSHIP BETWEEN CGC ENDOSCOPY, LLC, UNRELATED THIRD PARTY AND YALE-NEW HAVEN AMBULATORY SERVICES CORP WHICH HAS A 51% INTEREST.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06504 -
8	CEO Name	Gayle L. Capozzalo
9	CEO Title	Member
10	CT Agent Name	Merton G. Gollaher, Jr
11	CT Agent Company	Wiggin & Dana LLP
12	CT Agent Company Street Address	1 Century Tower, 195 Church St
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 -
<b>L.</b>	<b>AFFILIATE NAME</b>	<b>SSC II, LLC</b>
1	Affiliate Description	SSC II, LLC IS A LIMITED LIABILITY COMPANY AND IS A SUBSIDIARY OF SHORELINE SURGERY CENTER, LLC. SSC II, LLC IS AN ENDOSCOPY SURGERY CENTER
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
4	Street Address	111 GOOSE LANE
5	Town	GUILFORD
6	State	Connecticut
7	Zip Code	06437 -
8	CEO Name	SHORELINE PHYSICIANS HOLDING CO., LLC
9	CEO Title	MEMBER
10	CT Agent Name	MERTONG. GOLLAHER, JR
11	CT Agent Company	WIGGIN & DANA LLP
12	CT Agent Company Street Address	1 CENTURY TOWER, 195 CHURCH STREET
13	CT Agent Town	NEW HAVEN
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
<b>M.</b>	<b>AFFILIATE NAME</b>	<b>THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>
1	Affiliate Description	Partnership between Y-NHH and New Haven for community health services. Corporation was created but was never put into operation. Corporation is now defunct.
2	Affiliate type of service	Community Services
3	Tax Status	Not for Profit
4	Street Address	Yale-New Haven Hospital, 20 York Street
5	Town	New Haven

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06510 -
8	CEO Name	James Rawlings
9	CEO Title	President
10	CT Agent Name	Stuart G. Warner
11	CT Agent Company	
12	CT Agent Company Street Address	20 York Street
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06504 -
<b>N.</b>	<b>AFFILIATE NAME</b>	<b>THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)</b>
1	Affiliate Description	NCPD is a CT non-profit, non-stock corporation created to provide support for the development of clinical programs and services that will enhance the rendering of patient care at Yale University and Yale-New Haven Hospital.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Gayle Capozzalo
9	CEO Title	President
10	CT Agent Name	D. Terence Jones
11	CT Agent Company	Wiggin and Dana
12	CT Agent Company Street Address	One Century Tower
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 - 1832
<b>O.</b>	<b>AFFILIATE NAME</b>	<b>YALE-NEW HAVEN AMBULATORY SERVICES CORP.</b>
1	Affiliate Description	YALE-NEW HAVEN AMBULATORY SERVICES CORP. IS A WHOLLY OWNED SUBSIDIARY OF YNH NETWORK CORP. IT OPERATES A RECOVERY CARE CENTER. IN FY04, IT ACQUIRED A 51% INTEREST IN YALE-NEW HAVEN SHORELINE SURGERY CENTER LLC.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
4	Street Address	60 Temple Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06510 -
8	CEO Name	Richard D'Aquila
9	CEO Title	President
10	CT Agent Name	William J Aseltyne
11	CT Agent Company	Yale New Haven Hospital
12	CT Agent Company Street Address	20 York Street, CB-230
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
<b>P.</b>	<b>AFFILIATE NAME</b>	<b>YALE-NEW HAVEN CARE CONTINUUM</b>
1	Affiliate Description	YNHCCC provides long-term care for those unable to live independently and short-term rehabilitation for patients who have experienced elective surgery, an injury or a traumatic major illness.
2	Affiliate type of service	Care for the Aged
3	Tax Status	Not for Profit
4	Street Address	1354 Chapel Street
5	Town	New Haven

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06511 - 4420
8	CEO Name	Marna P. Borgstrom
9	CEO Title	CEO
10	CT Agent Name	William J. Aseltyne
11	CT Agent Company	Yale-New Haven Health Services Corporation
12	CT Agent Company Street Address	789 Howard Avenue, CB230, Legal & Risk Serv D
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06519 -
<b>Q. AFFILIATE NAME</b>		
<b>YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)</b>		
1	Affiliate Description	YNHHSC IS THE PARENT CORPORATION OF YNH NETWORK CORP., YNHHS MSO INC. WHICH ARE AFFILIATED WITH YALE-NEW HAVEN HOSP., BRIDGEPORT VERTICAL NETWORK, AND GREENWICH VERTICAL NETWORK.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Marna P. Borgstrom
9	CEO Title	President
10	CT Agent Name	William J Aseltyne
11	CT Agent Company	Yale New Haven Hospital
12	CT Agent Company Street Address	20 York Street, CB230, Legal & Risk Services Dept
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
<b>R. AFFILIATE NAME</b>		
<b>YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)</b>		
1	Affiliate Description	A TAX-EXEMPT NONPROFIT ORGANIZATION WITH THE PRIMARY PURPOSE TO COORDINATE ACTIVITIES OF YALE-NEW HAVEN HOSPITAL, INC. AND YALE UNIVERSITY-SCHOOLS OF MEDICINE AND NURSING IN AREAS OF MUTUAL CONCERN AND TO CONDUCT LONG-RANGE PLANNING FOR THE HOSPITAL'S MED
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	20 York Street, Suite T-102
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06504 -
8	CEO Name	Steve Merz
9	CEO Title	President
10	CT Agent Name	William J Aseltyne
11	CT Agent Company	Yale-New Haven Health Services Corporation
12	CT Agent Company Street Address	789 Howard Avenue, CB230, Legal & Risk Services Dept
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06519 -
<b>S. AFFILIATE NAME</b>		
<b>YNH GERIATRIC SERVICES, P.C.</b>		
1	Affiliate Description	Provides elder care services for Nursing Home Practices in the community. P.C. employed physicians and physician assistants visit patients in Practice affiliated nursing facilities, in their homes in affiliated retirement communities and in office setting
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue

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LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Peter Herbert
9	CEO Title	President
10	CT Agent Name	Merton G. Gollaher
11	CT Agent Company	Wiggin & Dana
12	CT Agent Company Street Address	One Century Tower, P.O. Box 1832
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 - 1832
<b>T. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>YNH MEDICAL SERVICES, P.C.</b>
1	Affiliate Description	Known as the Hospitalist Service, provides inpatient care supporting the community physicians from direct referrals as well as any overflow patients.
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	20 York Street, CB 2041
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06510 -
8	CEO Name	Peter Herbert
9	CEO Title	President
10	CT Agent Name	Merton G. Gollaher
11	CT Agent Company	Wiggin & Dana
12	CT Agent Company Street Address	One Century Tower, P.O. Box 1832
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 - 1832
<b>U. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>YNHH-PHYSICIANS CORPORATION</b>
1	Affiliate Description	PHYSICIAN HOSPITAL ORGANIZATION IS A MANAGED CARE CONTRACTING ORGANIZATION. YNHH DOES NOT CONSIDER THE PHO AN AFFILIATE BECAUSE IT IS NOT CONTROLLED BY OR UNDER COMMON CONTROL OR OWNERSHIP WITH YNHH OR YNHH AFFILIATES.
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	For Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Dr. Michael Berman
9	CEO Title	President and Chairman of the Board
10	CT Agent Name	Irving S. Schloss Esq.
11	CT Agent Company	Tyler Cooper & Alcorn LLP
12	CT Agent Company Street Address	205 Church St.
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06509 -
<b>V. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>YNNH-MSO, INC.</b>
1	Affiliate Description	YNNH-MSO, INC. WAS ORIGINALLY FORMED TO MANAGE PHYSICIAN PRACTICES AND PROVIDE THIRD PARTY ADMINISTRATIVE SERVICES ON CERTAIN MANAGED CARE CONTRACTS.
2	Affiliate type of service	Managed Services Org. (MSO)
3	Tax Status	For Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06519 -
8	CEO Name	Gayle Capozzalo
9	CEO Title	President
10	CT Agent Name	Merton G. Gollaher, JR.
11	CT Agent Company	Wiggin & Dana LLP
12	CT Agent Company Street Address	1 Century Tower, 195 Church St
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 - 1832
<b>W.</b>	<b>AFFILIATE NAME</b>	<b>YORK ENTERPRISES, INC.</b>
1	Affiliate Description	YORK ENTERPRISES, INC. IS A WHOLLY OWNED SUBSIDIARY OF YNH NETWORK CORP. YORK ENTERPRISES INC IS THE PARENT CORPORATION OF MEDICAL CENTER REALTY INC AND MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	50 York Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Vincent Tammaro
9	CEO Title	President
10	CT Agent Name	William J Aseltyne
11	CT Agent Company	Yale New Haven Hospital
12	CT Agent Company Street Address	20 York Street, CB-230
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -

\* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
<b>A. YALE-NEW HAVEN HOSPITAL</b>			
1		Unrestricted	\$676,008,000
2		Temporarily Restricted by Donor	\$46,026,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$26,744,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$748,778,000</b>
<b>B. YNH NETWORK CORPORATION</b>			
1		Unrestricted	\$9,526,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$8,706,000)
		<b>Total:</b>	<b>\$820,000</b>
<b>C. CARITAS INSURANCE COMPANY LTD.</b>			
1		Unrestricted	\$8,680,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$138,000)
		<b>Total:</b>	<b>\$8,542,000</b>
<b>D. CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>			
1		Unrestricted	\$2,037,370
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,037,370)
		<b>Total:</b>	<b>\$0</b>
<b>E. COMMUNITY HEALTH CARE PHYSICIANS (CHCP)</b>			
1		Unrestricted	\$18,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$18,000</b>
<b>F. LUKAN INDEMNITY COMPANY LTD.</b>			
1		Unrestricted	\$4,105,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$21,000)
		<b>Total:</b>	<b>\$4,084,000</b>
<b>G. MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.</b>			
1		Unrestricted	\$671,999
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$671,999</b>

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
	<b>H. MEDICAL CENTER REALTY, INC.</b>		
1		Unrestricted	(\$1,254,091)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$1,254,091)</b>
	<b>I. NORTHEAST MEDICAL GROUP, INC.</b>		
1		Unrestricted	\$2,568,915
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,568,915</b>
	<b>J. NORTHEAST PEDIATRIC SPECIALISTS, INC.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>K. QUINNIPIAC MEDICAL P.C. (QMPC)</b>		
1		Unrestricted	(\$1,390,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$1,390,000)</b>
	<b>L. SHORELINE SURGERY CENTER, LLC</b>		
1		Unrestricted	\$2,350,684
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,350,684</b>
	<b>M. SSC II, LLC</b>		
1		Unrestricted	\$2,541,290
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,541,290</b>
	<b>N. THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>

**YALE-NEW HAVEN HOSPITAL  
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
	<b>O. THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)</b>		
1		Unrestricted	\$2,397,968
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	(\$2,292)
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,395,676)
		<b>Total:</b>	<b>\$0</b>
	<b>P. YALE-NEW HAVEN AMBULATORY SERVICES CORP.</b>		
1		Unrestricted	\$5,505,964
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$5,505,964</b>
	<b>Q. YALE-NEW HAVEN CARE CONTINUUM</b>		
1		Unrestricted	(\$11,719)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$11,719)</b>
	<b>R. YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)</b>		
1		Unrestricted	\$95,804,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$95,804,000</b>
	<b>S. YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)</b>		
1		Unrestricted	\$2,605,814
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,605,814</b>
	<b>T. YNH GERIATRIC SERVICES, P.C.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>U. YNH MEDICAL SERVICES, P.C.</b>		
1		Unrestricted	(\$111,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$111,000)</b>

**YALE-NEW HAVEN HOSPITAL  
ANNUAL REPORTING  
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
<b>V. YNHHS-PHYSICIANS CORPORATION</b>			
1		Unrestricted	\$78,706
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$78,706)
		<b>Total:</b>	<b>\$0</b>
<b>W. YNHHS-MSO, INC.</b>			
1		Unrestricted	\$1,588,708
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,588,708</b>
<b>X. YORK ENTERPRISES, INC.</b>			
1		Unrestricted	\$3,298,942
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$582,092)
		<b>Total:</b>	<b>\$2,716,850</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$889,788,258</b>
	<b>Intercompany Eliminations</b>		<b>(\$13,958,844)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$875,829,414</b>

**YALE-NEW HAVEN HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A. YNH NETWORK CORPORATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Transfer of Cash	09/30/2012	\$613,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$613,000</b>
<b>B. CARITAS INSURANCE COMPANY LTD.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>C. CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Collection Agency Fees Charged	09/30/2012	\$2,351,102
2		Net Payments	09/30/2012	(\$2,351,102)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>D. COMMUNITY HEALTH CARE PHYSICIANS (CHCP)</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>E. LUKAN INDEMNITY COMPANY LTD.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Malpractice and Insurance	09/30/2012	(\$383,595)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>(\$383,595)</b>
<b>F. MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$72,625</b>
1		Net Payments	09/30/2012	(\$72,625)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>G. MEDICAL CENTER REALTY, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$60,712</b>
1		Sales/Purchases of Services	09/30/2012	\$71,370
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$132,082</b>
<b>H. NORTHEAST MEDICAL GROUP, INC.</b>				

**YALE-NEW HAVEN HOSPITAL  
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**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$340,000</b>
1		Payments to YNHH	09/30/2012	(\$3,252,320)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>(\$2,912,320)</b>
<b>I.</b>	<b>NORTHEAST PEDIATRIC SPECIALISTS, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>J.</b>	<b>QUINNIPIAC MEDICAL P.C. (QMPC)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>K.</b>	<b>SHORELINE SURGERY CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>L.</b>	<b>SSC II, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>M.</b>	<b>THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>N.</b>	<b>THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>O.</b>	<b>YALE-NEW HAVEN AMBULATORY SERVICES CORP.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$894,123</b>
1		Sales/Purchases of Services	09/30/2012	\$12,539,721

**YALE-NEW HAVEN HOSPITAL  
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**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$13,433,844</b>
<b>P.</b>	<b>YALE-NEW HAVEN CARE CONTINUUM</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Sales/Purchases of Services	09/30/2012	\$3,592,710
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$3,592,710</b>
<b>Q.</b>	<b>YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$20,985,636)</b>
1		System Support Fee	09/30/2012	(\$20,398,452)
2		Information System Contract Fee	09/30/2012	(\$37,672,755)
3		System Business Office Contract Fee	09/30/2012	(\$17,738,823)
4		Professional General Liability Insurance	09/30/2012	(\$20,948,812)
5		Other Fees	09/30/2012	(\$39,906,500)
6		Facilities Rental	09/30/2012	\$2,883
7		Transfer of Cash	09/30/2012	\$9,000,000
8		Transfer of Net Assets	09/30/2012	(\$9,000,000)
9		Net Payments	09/30/2012	\$131,428,454
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>(\$26,219,641)</b>
<b>R.</b>	<b>YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$20,108)</b>
1		Sales/Purchases of Services	09/30/2012	\$422,625
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$402,517</b>
<b>S.</b>	<b>YNH GERIATRIC SERVICES, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$27,423)</b>
1		Sales/Purchases of Services	09/30/2012	\$25,068
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>(\$2,355)</b>
<b>T.</b>	<b>YNH MEDICAL SERVICES, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$401</b>
1		Payments to YNHH	09/30/2012	(\$131)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$270</b>
<b>U.</b>	<b>YNHH-PHYSICIANS CORPORATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>

**YALE-NEW HAVEN HOSPITAL  
ANNUAL REPORTING  
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**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>V.</b>	<b>YNHHS-MSO, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>W.</b>	<b>YORK ENTERPRISES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$14,216)</b>
1		Sales/Purchases of Services	09/30/2012	(\$1,696)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>(\$15,912)</b>
			<b>Grand Total:</b>	<b>(\$11,359,400)</b>

YALE-NEW HAVEN HOSPITAL  
ANNUAL REPORTING  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2011</b>	<b>\$588,293</b>
<b>A.</b>	<b>YNH NETWORK CORPORATION</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	System Support Fee	09/30/2012	\$20,048
2		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$3,993
3		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments/Adjustments	09/30/2012	(\$13,417)
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$10,624</b>
<b>B.</b>	<b>CARITAS INSURANCE COMPANY LTD.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>C.</b>	<b>CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$106,846
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$106,846</b>
<b>D.</b>	<b>COMMUNITY HEALTH CARE PHYSICIANS (CHCP)</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>E.</b>	<b>LUKAN INDEMNITY COMPANY LTD.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>F.</b>	<b>MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	System Support Fee	09/30/2012	(\$1,623)
			<b>Total:</b>	<b>9/30/2012</b>	<b>(\$1,623)</b>
<b>G.</b>	<b>MEDICAL CENTER REALTY, INC.</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	System Support Fee	09/30/2012	\$26,052

YALE-NEW HAVEN HOSPITAL  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
2		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$26,778
3		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments	09/30/2012	(\$250,000)
			Total:	9/30/2012	(\$197,170)
<b>H.</b>	<b>NORTHEAST MEDICAL GROUP, INC.</b>				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
<b>I.</b>	<b>NORTHEAST PEDIATRIC SPECIALISTS, INC.</b>				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
<b>J.</b>	<b>QUINNIPIAC MEDICAL P.C. (QMPC)</b>				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
<b>K.</b>	<b>SHORELINE SURGERY CENTER, LLC</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$68,259
2		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments/Adjustments	09/30/2012	(\$67,246)
			Total:	9/30/2012	\$1,013
<b>L.</b>	<b>SSC II, LLC</b>				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
<b>M.</b>	<b>THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
<b>N.</b>	<b>THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)</b>				
			Nothing to Report		\$0

YALE-NEW HAVEN HOSPITAL  
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FISCAL YEAR 2012  
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>O.</b>	<b>YALE-NEW HAVEN AMBULATORY SERVICES CORP.</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	System Support Fee	09/30/2012	\$45,399
2		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$160,444
3		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments	09/30/2012	(\$205,000)
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$843</b>
<b>P.</b>	<b>YALE-NEW HAVEN CARE CONTINUUM</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>Q.</b>	<b>YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>R.</b>	<b>YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$14,990
2		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments/Adjustments	09/30/2012	(\$30,000)
			<b>Total:</b>	<b>9/30/2012</b>	<b>(\$15,010)</b>
<b>S.</b>	<b>YNH GERIATRIC SERVICES, P.C.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>T.</b>	<b>YNH MEDICAL SERVICES, P.C.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>U.</b>	<b>YNHH-PHYSICIANS CORPORATION</b>				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$2,295

YALE-NEW HAVEN HOSPITAL  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2012	\$2,295
V.	YNHHS-MSO, INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
W.	YORK ENTERPRISES, INC.				
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	System Support Fee	09/30/2012	\$1,650
2		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2012	\$163,997
3		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments/Adjustments	09/30/2012	(\$507,544)
			Total:	9/30/2012	(\$341,897)
			Ending Unconsolidated Intercompany Balance	9/30/2012	\$154,214

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	<b>A. YNH NETWORK CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>B. CARITAS INSURANCE COMPANY LTD.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>C. CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>D. COMMUNITY HEALTH CARE PHYSICIANS (CHCP)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>E. LUKAN INDEMNITY COMPANY LTD.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>F. MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>G. MEDICAL CENTER REALTY, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>H. NORTHEAST MEDICAL GROUP, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>I. NORTHEAST PEDIATRIC SPECIALISTS, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>J. QUINNIPIAC MEDICAL P.C. (QMPC)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>K. SHORELINE SURGERY CENTER, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>L. SSC II, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>M. THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>N. THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>O. YALE-NEW HAVEN AMBULATORY SERVICES CORP.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>P. YALE-NEW HAVEN CARE CONTINUUM</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>Q. YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHC)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>

**YALE-NEW HAVEN HOSPITAL  
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
<b>R.</b>	<b>YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>S.</b>	<b>YNH GERIATRIC SERVICES, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>T.</b>	<b>YNH MEDICAL SERVICES, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>U.</b>	<b>YNHH-PHYSICIANS CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>V.</b>	<b>YNHHS-MSO, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>W.</b>	<b>YORK ENTERPRISES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2012</b>

**YALE-NEW HAVEN HOSPITAL  
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A.</b>	<b>YNH NETWORK CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>CARITAS INSURANCE COMPANY LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>COMMUNITY HEALTH CARE PHYSICIANS (CHCP)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>LUKAN INDEMNITY COMPANY LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F.</b>	<b>MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G.</b>	<b>MEDICAL CENTER REALTY, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H.</b>	<b>NORTHEAST MEDICAL GROUP, INC.</b>		
1	Funding for the Hospitalist Program	\$23,838,355	1
	<b>Total:</b>	<b>\$23,838,355</b>	
<b>I.</b>	<b>NORTHEAST PEDIATRIC SPECIALISTS, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>J.</b>	<b>QUINNIPIAC MEDICAL P.C. (QMPC)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>K.</b>	<b>SHORELINE SURGERY CENTER, LLC</b>		

**YALE-NEW HAVEN HOSPITAL  
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
L.	<b>SSC II, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
M.	<b>THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
N.	<b>THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
O.	<b>YALE-NEW HAVEN AMBULATORY SERVICES CORP.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
P.	<b>YALE-NEW HAVEN CARE CONTINUUM</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
Q.	<b>YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
R.	<b>YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
S.	<b>YNH GERIATRIC SERVICES, P.C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
T.	<b>YNH MEDICAL SERVICES, P.C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
U.	<b>YNHH-PHYSICIANS CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	

YALE-NEW HAVEN HOSPITAL  
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 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
V.	YNHHS-MSO, INC.		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
W.	YORK ENTERPRISES, INC.		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$23,838,355</b>	

**YALE-NEW HAVEN HOSPITAL  
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$9,831,135.00</b>	<b>\$9,414,855.00</b>	<b>(\$416,280.00)</b>	<b>-4%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$329,374.00	\$106,218.00	(\$223,156.00)	-68%
3	Expenditures	\$782,368.00	\$888,528.00	\$106,160.00	14%
4	Unrealized Gains and Losses	\$36,714.00	\$910,647.00	\$873,933.00	2380%
	<b>Ending Balance</b>	<b>\$9,414,855.00</b>	<b>\$9,543,192.00</b>	<b>\$128,337.00</b>	<b>1%</b>
5	Projected Interest Income	\$90,000.00	\$75,000.00	(\$15,000.00)	-17%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

YALE-NEW HAVEN HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		83
2. A. Number of Patients receiving Hospital Bed Fund Grants		83
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$888,527.71
1	New Haven Grays	\$582.86
2	New Haven Grays	\$250.00
3	New Haven Grays	\$175.00
4	New Haven Grays	\$100.00
5	New Haven Grays	\$624.14
6	Julia Alling	\$6,037.92
6	Charles Amos Baldwin	\$15,483.18
6	Deane	\$12,712.60
7	Deane	\$1,618.35
7	Ellen M. Gifford	\$7,633.57
7	Wyllys Atwater	\$14,967.99
8	Wyllys Atwater	\$322.99
8	Dwight Place Church	\$397.01
9	Dwight Place Church	\$659.20
10	Dwight Place Church	\$2,766.53
10	William Townsend Hayes	\$15,290.98
10	Dr. Thomas Wells	\$5,208.41
11	Dr. Thomas Wells	\$2,437.08
11	Armstrong	\$1,972.03
12	Armstrong	\$1,327.28
13	Armstrong	\$1,475.00
14	Armstrong	\$5,563.92
14	Frank Walter Benedict	\$15,267.22
14	Henry Walter Benedict	\$3,321.24
15	Henry Walter Benedict	\$3,169.78
16	Henry Walter Benedict	\$6,767.86
17	Henry Walter Benedict	\$760.00
18	Henry Walter Benedict	\$1,248.34
18	Helen & John T. Mason	\$2,194.46
19	Helen & John T. Mason	\$951.48
20	Helen & John T. Mason	\$2,100.00
21	Helen & John T. Mason	\$3,175.15
22	Helen & John T. Mason	\$703.30
23	Helen & John T. Mason	\$100.00
24	Helen & John T. Mason	\$12,653.83
24	Frank L. Hunt	\$1,937.69
25	Frank L. Hunt	\$17,259.14
26	Frank L. Hunt	\$5,074.63
27	Frank L. Hunt	\$1,340.98
28	Frank L. Hunt	\$13,974.96
29	Frank L. Hunt	\$1,345.88
30	Frank L. Hunt	\$8,822.68
31	Frank L. Hunt	\$4,215.25
32	Frank L. Hunt	\$7,942.16
33	Frank L. Hunt	\$30,733.92
34	Frank L. Hunt	\$6,808.40
34	Evelina J. Jones	\$74.29
35	Evelina J. Jones	\$7,877.36
35	Elizabeth Hotchkiss	\$5,351.47
36	Elizabeth Hotchkiss	\$2,600.19
36	Mary Lamb	\$390.08
36	Bassett Bed #2	\$1,511.89
37	Bassett Bed #2	\$7,069.45
38	Bassett Bed #2	\$1,245.50

YALE-NEW HAVEN HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		83
2. A. Number of Patients receiving Hospital Bed Fund Grants		83
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$888,527.71
39	Bassett Bed #2	\$6,091.47
39	Fannie Keyes	\$16,020.33
39	Leete	\$24,060.72
39	George T. Newhall & Julia Leete	\$27,283.44
39	Stiles	\$8,420.12
40	Stiles	\$9,916.19
41	Stiles	\$6,733.98
42	Stiles	\$18,887.63
43	Stiles	\$4,462.96
44	Stiles	\$4,485.73
45	Stiles	\$1,900.08
46	Stiles	\$19,956.52
47	Stiles	\$22,517.32
48	Stiles	\$1,215.11
49	Stiles	\$5,135.00
50	Stiles	\$91.98
51	Stiles	\$5,800.00
52	Stiles	\$704.18
53	Stiles	\$62,878.54
54	Stiles	\$40,430.43
55	Stiles	\$21,118.99
56	Stiles	\$165.00
57	Stiles	\$570.57
58	Stiles	\$748.07
59	Stiles	\$14,382.98
60	Stiles	\$960.00
61	Stiles	\$8,137.77
62	Stiles	\$7,710.24
63	Stiles	\$10,301.31
64	Stiles	\$10,614.36
65	Stiles	\$67,231.73
66	Stiles	\$18,748.68
66	Rose Porter	\$10,338.24
66	Lucy Hall Boardman	\$11,418.15
66	Ellen M. Gifford Executors	\$7,230.96
67	Ellen M. Gifford Executors	\$759.06
67	Nathan Howell Sanford	\$15,983.16
67	Arthur Herbert Trowbridge	\$8,474.93
67	Edwin Harrison Beebe	\$11,224.45
67	Julia A. Leete Newhall	\$32,164.99
68	Julia A. Leete Newhall	\$2,548.18
69	Julia A. Leete Newhall	\$10,161.21
70	Julia A. Leete Newhall	\$8,087.58
71	Julia A. Leete Newhall	\$2,274.68
72	Julia A. Leete Newhall	\$4,750.03
73	Julia A. Leete Newhall	\$271.68
74	Julia A. Leete Newhall	\$320.00
75	Julia A. Leete Newhall	(\$25,042.33)
76	Strouse Adler	\$270.79
76	Loring W. Andrews	\$459.11
76	The "Anna" Fund	\$653.81
76	Anna F. Ardenghi	\$458.89
76	Harriet Atwater	\$459.11
76	Mary E. Baldwin	\$1,029.45

YALE-NEW HAVEN HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		83
2. A. Number of Patients receiving Hospital Bed Fund Grants		83
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$888,527.71
76	George Benedict	\$102.82
76	Bennett	\$550.93
76	Edwin B. Bowditch	\$459.11
76	Henry Bronson	\$459.11
76	Susan Ellen Brown	\$584.73
76	Samuel Clifford Carlisle	\$458.96
76	William & Laura Carmalt	\$1,147.46
76	Joseph Cimerol, Jr.	\$183.50
76	Charles Henry Collins	\$459.09
76	Idalina Darrow	\$335.50
76	Deane	\$425.05
76	George B. Dines, Jr.	\$4.59
76	Cora C.T. Dwight	\$229.56
76	Dr. Jonathan Edwards	\$268.30
77	Dr. Jonathan Edwards	\$190.81
77	Henry Eld	\$229.55
77	Henry F. English	\$459.11
77	James E. English	\$518.78
78	James E. English	\$897.78
78	Henry Farnum	\$229.55
78	William Fitch	\$229.55
78	Edwin Foote	\$4,409.49
79	Edwin Foote	\$1,849.94
80	Edwin Foote	\$1,437.15
81	Edwin Foote	\$1,825.98
82	Edwin Foote	\$79.37
83	Edwin Foote	\$18,446.32
83	Grace Salisbury Foote	\$24.24
83	Levi Goodell Fox	\$459.11
83	Elizabeth Hamlin Fox	\$459.11
83	Simeon & Arthur Ward Fox	\$1,504.32
83	Charles D. Hall	\$670.81
83	Sylvia C. Hall	\$1,257.97
83	Jessie A. Harmon	\$459.11
83	Henry Baldwin Harrison	\$445.89
83	Mrs. Henry Baldwin Harrison	\$445.89
83	John H. Hopson	\$229.55
83	Henry Hotchkiss	\$0.00
83	Timothy A. Hunt	\$419.97
83	Abigail Bradley Hunt	\$419.97
83	Hoadley B. Ives	\$229.55
83	Mary E. Ives	\$229.56
83	Robert E. Ives	\$459.11
83	Walter Judson	\$45.91
83	Charles Kohn	\$4.59
83	Lenhardt	\$229.56
83	George W. Mallory	\$229.55
83	Mary B. Mallory	\$179.76
83	John W. Mansfield	\$229.55
83	Philip Marett	\$7,138.22
83	Levy Morris	\$547.92
83	Paul	\$229.55
83	Maud Trowbridge Reynolds	\$2,135.22
83	Leonard J. Sanford & Anna Cutter	\$446.25

YALE-NEW HAVEN HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		83
2. A. Number of Patients receiving Hospital Bed Fund Grants		83
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$888,527.71
83	Julia Sanford	\$459.11
83	Sargent	\$229.56
83	Mark M. Selleck	\$459.11
83	George Thomas Smith	\$229.55
83	Chris Tanuis	\$1.38
83	Margarette Elford Dean Trowbridge	\$688.66
83	Morton Warner	\$550.93
83	Hermanus M. Welch	\$229.55
83	Whitney	\$477.47
83	Albert Aaron Williams	\$1,240.76
83	Ann Phillips Wurtenberg	\$328.01
83	Alfred Blakeslee	\$459.11
Grand Total		\$888,527.71

YALE-NEW HAVEN HOSPITAL					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	New Haven Grays Hospital Bed Fund	\$10,000.00	\$2,452.00	\$0.00	\$2,452.00
	Thanksgiving Hospital Bed Fund	\$5,000.00	\$254.00	\$0.00	\$254.00
	Trinity Church Hospital Bed Fund	\$5,000.00	\$1,237.00	\$0.00	\$1,237.00
	Mary Wade Hospita Bed Fund	\$5,000.00	\$1,462.00	\$0.00	\$1,462.00
	Erika Banhan Hospital Bed Fund	\$40,097.00	\$530.00	\$0.00	\$530.00
	Womens Seamans Friend Society of Conn. Hospital Bed Fund	\$10,000.00	\$2,973.00	\$0.00	\$2,973.00
	Adelaide Bushnell Curtis Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Robert Dickerman Hospital Bed Fund	\$6,000.00	\$65.00	\$0.00	\$65.00
	German Society Hospital Bed Fund	\$21,269.00	\$232.00	\$0.00	\$232.00
	Walter Charles Goodrich Hospital Bed Fund	\$25,223.00	\$275.00	\$0.00	\$275.00
	Sarah Barney Harrison Hospital Bed Fund	\$9,712.00	\$106.00	\$0.00	\$106.00
	Elret Stone Hospital Bed Fund	\$500.00	\$5.00	\$0.00	\$5.00
	Alma DeBeust Streitein Hospital Bed Fund	\$35,984.00	\$393.00	\$0.00	\$393.00
	Mary Southgate Trowbridge Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Ellen Treadway Yeckley Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Marcellus B Wilcox Hospital Bed Fund	\$10,000.00	\$109.00	\$0.00	\$109.00
	Henry Baldwin Harrison Hospital Bed Fund	\$9,712.00	\$107.00	\$0.00	\$107.00
	Mrs. Henry Baldwin Harrison Hospital Bed Fund	\$9,712.00	\$107.00	\$0.00	\$107.00
	Home for the Friendliness Hospital Bed Fund	\$2,500.00	\$27.00	\$0.00	\$27.00
	John H. Hopson Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Henry Hotchkiss Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Timothy A. Hunt Hospital Bed Fund	\$9,148.00	\$101.00	\$0.00	\$101.00
	Abigail Bradley Hunt Hospital Bed Fund	\$9,148.00	\$101.00	\$0.00	\$101.00
	Hoadley B. Ives Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Mary E. Ives Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Robert E. Ives Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Walter Judson Hospital Bed Fund	\$1,000.00	\$11.00	\$0.00	\$11.00
	Charles Kohn Hospital Bed Fund	\$100.00	\$1.00	\$0.00	\$1.00
	Lenhardt Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	George W. Mallory Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Mary B. Mallory Hospital Bed Fund	\$4,000.00	\$44.00	\$0.00	\$44.00
	John W. Mansfield Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Philip Marett Hospital Bed Fund	\$155,480.00	\$1,719.00	\$0.00	\$1,719.00
	Levy Morris Hospital Bed Fund	\$11,938.00	\$132.00	\$0.00	\$132.00

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
	Organized Charities Hospital Bed Fund	\$10,000.00	\$109.00	\$0.00	\$109.00
	Paul Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Maud Trowbridge Reynolds Hospital Bed Fund	\$46,508.00	\$514.00	\$0.00	\$514.00
	Leonard J. Sanford & Anna Cutter Hospital Bed Fund	\$9,720.00	\$107.00	\$0.00	\$107.00
	Julia Sanford Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Sargent Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Mark M. Selleck Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	George Thomas Smith Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Chris Tanuis Hospital Bed Fund	\$30.00	\$0.00	\$0.00	\$0.00
	Margarette Elford Dean Trowbridge Hospital Bed Fund	\$15,000.00	\$166.00	\$0.00	\$166.00
	Morton Warner Hospital Bed Fund	\$12,000.00	\$133.00	\$0.00	\$133.00
	Hermanus M. Welch Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Cynthia Ann Tracy Wetmore Hospital Bed Fund	\$60,000.00	\$655.00	\$0.00	\$655.00
	Whitney Hospital Bed Fund	\$10,400.00	\$115.00	\$0.00	\$115.00
	Albert Aaron Williams Hospital Bed Fund	\$27,034.00	\$299.00	\$0.00	\$299.00
	Ann Phillips Wurtenberg Hospital Bed Fund	\$7,141.00	\$79.00	\$0.00	\$79.00
	Alfred Blakeslee Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Julia Alling Hospital Bed Fund	\$5,000.00	\$516.00	\$0.00	\$516.00
	Charles Amos Baldwin Hospital Bed Fund	\$10,000.00	\$1,324.00	\$0.00	\$1,324.00
	Deane Hospital Bed Fund	\$10,000.00	\$1,225.00	\$0.00	\$1,225.00
	Ellen M. Gifford Hospital Bed Fund	\$5,000.00	\$653.00	\$0.00	\$653.00
	Wyllys Atwater Hospital Bed Fund	\$10,000.00	\$1,307.00	\$0.00	\$1,307.00
	Dwight Place Church Hospital Bed Fund	\$5,000.00	\$327.00	\$0.00	\$327.00
	William Townsend Hayes Hospital Bed Fund	\$10,000.00	\$1,307.00	\$0.00	\$1,307.00
	Dr. Thomas Wells Hospital Bed Fund	\$5,000.00	\$654.00	\$0.00	\$654.00
	Armstrong Hospital Bed Fund	\$5,000.00	\$884.00	\$0.00	\$884.00
	Frank Walter Benedict Hospital Bed Fund	\$10,000.00	\$1,305.00	\$0.00	\$1,305.00
	Henry Walter Benedict Hospital Bed Fund	\$10,000.00	\$1,305.00	\$0.00	\$1,305.00
	Helen & John T. Mason Hospital Bed Fund	\$14,318.00	\$1,871.00	\$0.00	\$1,871.00
	Frank L. Hunt Hospital Bed Fund	\$80,976.00	\$8,504.00	\$0.00	\$8,504.00
	Evelina J. Jones Hospital Bed Fund	\$5,000.00	\$680.00	\$0.00	\$680.00
	Elizabeth Hotchkiss Hospital Bed Fund	\$5,000.00	\$680.00	\$0.00	\$680.00
	Mary Lamb Hospital Bed Fund	\$275.00	\$33.00	\$0.00	\$33.00
	Bassett Bed #2 Hospital Bed Fund	\$10,000.00	\$1,361.00	\$0.00	\$1,361.00
	Fannie Keyes Hospital Bed Fund	\$10,000.00	\$1,370.00	\$0.00	\$1,370.00
	Leete Hospital Bed Fund	\$15,000.00	\$2,057.00	\$0.00	\$2,057.00
	George T. Newhall & Julia Leete Hospital Bed Fund	\$17,412.00	\$2,333.00	\$0.00	\$2,333.00
	Stiles Hospital Bed Fund	\$113,304.00	\$31,996.00	\$0.00	\$31,996.00
	Rose Porter Hospital Bed Fund	\$5,000.00	\$884.00	\$0.00	\$884.00
	Lucy Hall Boardman Hospital Bed Fund	\$11,329.00	\$976.00	\$0.00	\$976.00

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
	Ellen M. Gifford Executors Hospital Bed Fund	\$5,000.00	\$683.00	\$0.00	\$683.00
	Nathan Howell Sanford Hospital Bed Fund	\$10,000.00	\$1,367.00	\$0.00	\$1,367.00
	Arthur Herbert Trowbridge Hospital Bed Fund	\$5,000.00	\$725.00	\$0.00	\$725.00
	Edwin Harrison Beebe Hospital Bed Fund	\$25,000.00	\$960.00	\$0.00	\$960.00
	Julia A. Leete Newhall Hospital Bed Fund	\$17,412.00	\$3,038.00	\$0.00	\$3,038.00
	Bassett Bed #1 Hospital Bed Fund	\$10,000.00	\$2,923.00	\$0.00	\$2,923.00
	Richard S Fellowes Hospital Bed Fund	\$5,165.00	\$338.00	\$0.00	\$338.00
	Isaphene Hillhouse Hospital Bed Fund	\$5,000.00	\$1,462.00	\$0.00	\$1,462.00
	Joseph T Mary L Hotchkiss Hospital Bed Fund	\$15,000.00	\$4,391.00	\$0.00	\$4,391.00
	"Anna" Hospital Bed Fund	\$14,241.00	\$157.00	\$0.00	\$157.00
	Anna F. Ardenghi Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Strouse Adler Hospital Bed Fund	\$5,900.00	\$65.00	\$0.00	\$65.00
	Loring W. Andrews Hospital bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Harriet Atwater Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Mary E. Baldwin Hospital Bed Fund	\$22,423.00	\$248.00	\$0.00	\$248.00
	George Benedict Hospital Bed Fund	\$10,000.00	\$109.00	\$0.00	\$109.00
	Bennett Hospital Bed Fund	\$12,000.00	\$133.00	\$0.00	\$133.00
	Edwin B. Bowditch Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Henry Bronson Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Susan Ellen Brown Hospital Bed Fund	\$12,736.00	\$141.00	\$0.00	\$141.00
	Samuel Clifford Carlisle Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	William & Laura Carmalt Hospital Bed Fund	\$25,000.00	\$276.00	\$0.00	\$276.00
	Joseph Cimerol, Jr. Hospital Bed Fund	\$4,000.00	\$44.00	\$0.00	\$44.00
	Charles Henry Collins Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Idalina Darrow Hospital Bed Fund	\$7,308.00	\$81.00	\$0.00	\$81.00
	Deane Hospital Bed Fund	\$9,258.00	\$102.00	\$0.00	\$102.00
	George B. Dines, Jr. Hospital Bed Fund	\$100.00	\$1.00	\$0.00	\$1.00
	Cora C.T. Dwight Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Dr. Jonathan Edwards Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Henry Eld Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Henry F. English Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	James E. English Hospital Bed Fund	\$30,855.00	\$341.00	\$0.00	\$341.00
	Henry Farnum Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	William Fitch Hospital Bed Fund	\$5,000.00	\$55.00	\$0.00	\$55.00
	Edwin Foote Hospital Bed Fund	\$611,185.00	\$6,759.00	\$0.00	\$6,759.00
	Grace Salisbury Foote Hospital Bed Fund	\$10,000.00	\$109.00	\$0.00	\$109.00
	Levi Goodell Fox Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Elizabeth Hamlin Fox Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	Simeon & Arthur Ward Fox Hospital Bed Fund	\$32,767.00	\$362.00	\$0.00	\$362.00

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
	Charles D. Hall Hospital Bed Fund	\$14,611.00	\$162.00	\$0.00	\$162.00
	Sylvia C. Hall Hospital Bed Fund	\$27,400.00	\$303.00	\$0.00	\$303.00
	Jessie A. Harmon Hospital Bed Fund	\$10,000.00	\$111.00	\$0.00	\$111.00
	James E. English Hospital Bed Fund	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Total Bed Funds :</b>	<b>\$2,164,331.00</b>	<b>\$106,218.00</b>	<b>\$0.00</b>	<b>\$106,218.00</b>

**YALE-NEW HAVEN HOSPITAL  
ANNUAL REPORTING  
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Each collection agent is reimbursed for services and rendered based on separately negotiated performance related contracts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	10.80%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each collection agent is reimbursed for services and rendered based on separately negotiated performance related contracts.

**YALE-NEW HAVEN HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.20%
	<b>Collection Agent</b>	
1	Collection Agent Name	Nair & Levin, PC
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each collection agent is reimbursed for services and rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.70%
	<b>Collection Agent</b>	
1	Collection Agent Name	Tobin, Cerberry, OMallery, Riley, Selinger PC
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)

**YALE-NEW HAVEN HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each collection agent is reimbursed for services and rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.60%

**YALE-NEW HAVEN HOSPITAL  
ANNUAL REPORTING  
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	President & CEO(repr YNHH & YNHHS)	\$2,147,548	\$655,680	\$2,803,228
2.	Exec VP, COO(repr YNHH & YNHHS)	\$1,276,872	\$403,261	\$1,680,133
3.	SR VP, Chief of Staff(repr YNHH & YNHHS)	\$1,555,338	\$118,274	\$1,673,612
4.	SR VP Finance, CFO(repr YNHH & YNHHS)	\$1,087,321	\$344,893	\$1,432,214
5.	Senior VP of Human Resources	\$720,622	\$224,766	\$945,388
6.	VP of Legal Services	\$697,219	\$206,116	\$903,335
7.	Senior VP, CIO(repr YNHH & YNHHS)	\$669,189	\$226,793	\$895,982
8.	Senior VP Patient Services	\$717,814	\$51,999	\$769,813
9.	SVP OPS/SMILOW	\$614,808	\$32,858	\$647,666
10.	VP Ambulatory Services	\$596,954	\$25,944	\$622,898
	<b>Grand Total:</b>	<b>\$10,083,685</b>	<b>\$2,290,584</b>	<b>\$12,374,269</b>

**YALE-NEW HAVEN HOSPITAL  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . YNH NETWORK CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . CARITAS INSURANCE COMPANY LTD.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . COMMUNITY HEALTH CARE PHYSICIANS (CHCP)</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . LUKAN INDEMNITY COMPANY LTD.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>G . MEDICAL CENTER REALTY, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>H . NORTHEAST MEDICAL GROUP, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>I . NORTHEAST PEDIATRIC SPECIALISTS, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>J . QUINNIPIAC MEDICAL P.C. (QMPC)</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>K . SHORELINE SURGERY CENTER, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>L . SSC II, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>M . THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>N . THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>O . YALE-NEW HAVEN AMBULATORY SERVICES CORP.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>P . YALE-NEW HAVEN CARE CONTINUUM</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

**YALE-NEW HAVEN HOSPITAL  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>Q . YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$2,249,712	\$525,073	\$2,774,785
2	Paid by the Hospital to Employees of the Entity Listed Above	\$74,283,116	\$23,566,044	\$97,849,160
<b>R . YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>S . YNH GERIATRIC SERVICES, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>T . YNH MEDICAL SERVICES, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>U . YNH-H- PHYSICIANS CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>V . YNHHS-MSO, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>W . YORK ENTERPRISES, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**YALE-NEW HAVEN HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

YALE-NEW HAVEN HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2012					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	26,561	29,220	2,659	10%
2.	Number of Approved Applicants	25,079	27,590	2,511	10%
3.	Total Charges (A)	\$60,516,632	\$78,094,472	\$17,577,840	29%
	<b>Average Charges</b>	<b>\$2,413</b>	<b>\$2,831</b>	<b>\$417</b>	<b>17%</b>
4.	Ratio of Cost to Charges (RCC)	0.33166	0.322455	(0.009205)	-3%
	<b>Total Cost</b>	<b>\$20,070,946</b>	<b>\$25,181,953</b>	<b>\$5,111,007</b>	<b>25%</b>
	<b>Average Cost</b>	<b>\$800</b>	<b>\$913</b>	<b>\$112</b>	<b>14%</b>
5.	Charity Care - Inpatient Charges	\$24,559,333	\$28,944,417	\$4,385,084	18%
6.	Charity Care - Outpatient Emergency Department Charges	8,063,907	9,964,992	1,901,085	24%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	27,893,392	39,185,063	11,291,671	40%
	<b>Total Charges (A)</b>	<b>\$60,516,632</b>	<b>\$78,094,472</b>	<b>\$17,577,840</b>	<b>29%</b>
8.	Charity Care - Number of Patient Days	17,290	10,004	(7,286)	-42%
9.	Charity Care - Number of Discharges	3,751	1,354	(2,397)	-64%
10.	Charity Care - Number of Outpatient ED Visits	7,210	5,058	(2,152)	-30%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	24,924	24,265	(659)	-3%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	84	83	(1)	-1%
2.	Number of Approved Applicants	84	83	(1)	-1%
3.	Total Charges (B)	\$782,368	\$888,528	\$106,160	14%
	<b>Average Charges</b>	<b>\$9,314</b>	<b>\$10,705</b>	<b>\$1,391</b>	<b>15%</b>
4.	Ratio of Cost to Charges (RCC)	0.33166	0.322455	(0.009205)	-3%
	<b>Total Cost</b>	<b>\$259,480</b>	<b>\$286,510</b>	<b>\$27,030</b>	<b>10%</b>
	<b>Average Cost</b>	<b>\$3,089</b>	<b>\$3,452</b>	<b>\$363</b>	<b>12%</b>
5.	Bed Funds - Inpatient Charges	\$317,507	\$329,318	\$11,811	4%
6.	Bed Funds - Outpatient Emergency Department Charges	104,251	113,378	9,127	9%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	360,610	445,832	85,222	24%
	<b>Total Charges (B)</b>	<b>\$782,368</b>	<b>\$888,528</b>	<b>\$106,160</b>	<b>14%</b>
8.	Bed Funds - Number of Patient Days	610	632	22	4%
9.	Bed Funds - Number of Discharges	159	173	14	9%
10.	Bed Funds - Number of Outpatient ED Visits	1,401	1,732	331	24%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	196	223	27	14%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					